

AN ACT
D.C. ACT 21-540

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

NOVEMBER 18, 2016

To amend An Act To relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia to allow physicians licensed to practice medicine and licensed pharmacists to prescribe an opioid antagonist, such as Naloxone, to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person who is likely to experience an opioid-related overdose, to allow employees or volunteers of a community-based organization to distribute or dispense an opioid antagonist under a standing order or a health care professional's prescriptive authority to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person who is likely to experience an opioid-related overdose, to provide limited liability to physicians and pharmacists prescribing an opioid antagonist, and to provide limited liability to employees or volunteers of a community-based organization distributing or dispensing an opioid antagonist.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016".

Sec. 2. An Act To relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-401 *et seq.*), is amended by adding a new section 4 to read as follows:

"Sec. 4. Prescribing authority of opioid antagonist for overdose victim and 3rd parties.

"(a) For the purposes of this section, the term:

"(1) "Community-based organization" means an organization that provides services, including medical care, counseling, homeless services, or drug treatment, to individuals and communities impacted by drug use. The term "community-based organization" includes all organizations currently participating in the Needle Exchange Program with the Department of Human Services under section 4a of the Drug Paraphernalia Act of 1982, effective March 25, 1993 (D.C. Law 9-252; D.C. Official Code § 48-1103.01).

"(2) "Health care professional" means a physician or pharmacist licensed under the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.1 *et seq.*).

“(3) “Opioid antagonist” shall have the same meaning as provided in section 3(i)(2).

“(4) “Overdose” shall have the same meaning as provided in section 3(i)(3).

“(5) “Standing order” means a prescriptive order written by a health care professional that is not specific to and does not identify a particular patient.

“(b) Except as provided in subsection (d) of this section, a health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons:

“(1) A person at risk of experiencing an opioid-related overdose;

“(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; or

“(3) An employee or volunteer of a community-based organization.

“(c) Except as provided in subsection (d) of this section, an employee or volunteer of a community-based organization acting in good faith and in accordance with a standing order or under a health care professional’s prescriptive authority may dispense and distribute an opioid antagonist to the following persons:

“(1) A person at risk of experiencing an opioid-related overdose; or

“(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

“(d)(1)(A) A pharmacist may not prescribe an opioid antagonist under this section unless he or she completes training conducted by the Department of Health; provided, that a pharmacist is not required to complete training in order to dispense or distribute an opioid antagonist prescribed by a physician.

“(B) An employee or volunteer of a community-based organization shall not dispense or distribute an opioid antagonist under this section unless he or she completes training conducted by the Department of Health.

“(2) The frequency of the training required by this subsection shall be determined by the Department of Health through rulemaking.

“(3) The training required by this subsection shall include:

“(A) How to screen a patient for being at risk of an opioid-related overdose;

“(B) How opioid antagonists operate to stop an opioid-related overdose;

“(C) When the administration of an opioid antagonist is medically indicated;

“(D) How to properly administer an opioid antagonist and circumstances under which administration of an opioid antagonist is contraindicated; and

“(E) Precautions, warnings, and potential adverse reactions related to the administration of an opioid antagonist.

“(e) Upon prescribing, dispensing, or distributing an opioid antagonist, the health care professional or employee or volunteer of a community-based organization shall provide education and training to the recipient of an opioid antagonist. The education and training shall include:

“(1) How to identify an opioid-related overdose;

“(2) How to properly administer the prescribed opioid antagonist and circumstances under which administration is contraindicated;

“(3) Precautions, warnings, and potential adverse reactions related to administration of the prescribed opioid antagonist;

“(4) How opioid antagonists operate to stop an opioid-related overdose;

“(5) The importance of seeking medical care for the person experiencing the opioid-related overdose immediately after the opioid antagonist is administered; and

“(6) Information on how to access substance abuse treatment services.

“(f)(1) A health care professional or an employee or volunteer of a community-based organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist, unless the health care professional’s actions or the actions of the employee or volunteer of a community-based organization with regard to prescribing, dispensing, or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.

“(2) The immunity granted pursuant to paragraph (1) of this subsection shall apply whether or not the opioid antagonist is administered by or to the person for whom it was prescribed, dispensed, or distributed.

“(g) Within 180 days after the effective date of the Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016, passed on 2nd reading on November 1, 2016 (Enrolled version of Bill 21-602), the Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this section.”.

Sec. 3. Fiscal impact statement.


The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 4. Effective date.

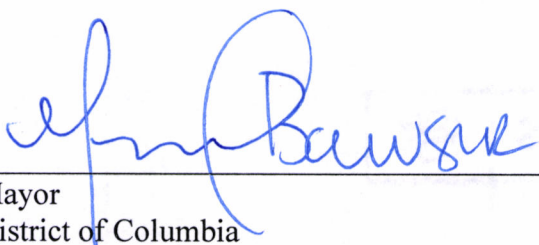
This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

ENROLLED ORIGINAL

24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.



Chairman
Council of the District of Columbia



Mayor
District of Columbia
APPROVED
November 18, 2016



**COUNCIL OF THE DISTRICT OF COLUMBIA
WASHINGTON, D.C. 20004**

Docket No. **B21-602**

☒ ITEM ON CONSENT CALENDAR

☒ ACTION & DATE

ADOPTED FIRST READING, 10/11/2016

☒ VOICE VOTE

RECORDED VOTE ON REQUEST

APPROVED

ABSENT

☐ ROLL CALL VOTE – Result

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Mendelson	X				Evans	X				Silverman	X			
Alexander	X				Grosso	X				Todd	X			
Allen	X				May	X				White	X			
Bonds	X				McDuffie	X								
Cheh	X				Nadeau	X								
X – Indicate Vote					AB – Absent					NV – Present, Not Voting				

CERTIFICATION RECORD

Secretary to the Council

11-3-16

Date

☒ ITEM ON CONSENT CALENDAR

☒ ACTION & DATE

ADOPTED FINAL READING, 11/01/2016

☒ VOICE VOTE

RECORDED VOTE ON REQUEST

APPROVED

ABSENT

☐ ROLL CALL VOTE – Result

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Mendelson	X				Evans	X				Silverman	X			
Alexander				X	Grosso	X				Todd	X			
Allen	X				May	X				White	X			
Bonds	X				McDuffie	X								
Cheh	X				Nadeau	X								
X – Indicate Vote					AB – Absent					NV – Present, Not Voting				

CERTIFICATION RECORD

Secretary to the Council

11-3-16

Date

☐ ITEM ON CONSENT CALENDAR

☐ ACTION & DATE

☐ VOICE VOTE

RECORDED VOTE ON REQUEST

ABSENT

☐ ROLL CALL VOTE – Result

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Mendelson					Evans					Silverman				
Alexander					Grosso					Todd				
Allen					May					White				
Bonds					McDuffie									
Cheh					Nadeau									
X – Indicate Vote					AB – Absent					NV – Present, Not Voting				

CERTIFICATION RECORD

Secretary to the Council

Date